

N18000005009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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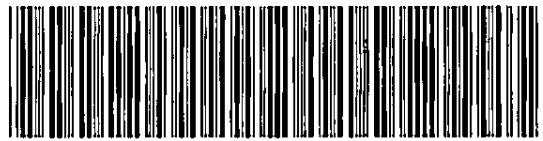
(Business Entity Name)

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MAY 08 2018

2018 MAY -8 PM 1:17

FILED
MAY -8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Mardi 7 Times Health & Social Services @ Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2010 MAY - 8 PM 1:30

FILED

FROM: Vanessa Crowther
Name (Printed or typed)

2910 Kerry Forest Parkway, D4-308
Address

Tallahassee, FL 32309
City, State & Zip

(850) 321-3019
Daytime Telephone number

vanessafaj@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Vanessa Crowther

Address:

~~10520~~ 2910 Kerry Forest Parkway, S4-308
Tallahassee, FL 32309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY - 8 PM 1:30

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Vanessa Crowther

Address:

1492 Applewood Way
Tallahassee, FL 32312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Vanessa Crowther

Required Signature of Registered Agent

5/8/2018

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Vanessa Crowther as President

Required Signature of Incorporator

5/8/2018

Date

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: March 7 Times Health & Social Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2410 Kerry Forest Parkway

04-308

Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health education and ^{program} consulting

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: President

appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vanessa Crowther, ^{President}

Name and Title: Faith Blocker, ^{Director}

Address: 1492 Applemood Way
Tallahassee, FL

Address: 5632 Nature Lane
Tallahassee, FL 32303

Name and Title: Ayasha Richardson, ^{Director}

Name and Title: Lendl Hodge, ^{Director}

Address: 3150 Abbey Drive
Atlanta, GA 30331

Address: 603 Fulton Road, Apt 1-85
Tallahassee, FL 32312

Name and Title: Tansha Griffith Gray, ^{Directors}

Name and Title: _____

Address: 2257 Bluebird Ave
Bartow, FL 33830

Address: _____